

GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD

**Division Of Utility Contractors**

Post Office Box 13446 Macon, Georgia 31208 (478) 207-2440 [Phone] (478) 207-1425 [Fax]

[www.sos.ga.gov/plb/construct](http://www.sos.ga.gov/plb/construct)

**UTILITY MANAGER CERTIFICATE**

**...GENERAL INFORMATION and CHECKLIST...**

**A COMPLETE APPLICATION PACKET INCLUDES:**

- Application for License Form
- Examination Scheduling Form (AMP-GA 40)
- List of Reference Books You May Bring to the Examination and List of Book Stores that Carry the Reference Books.
- Excerpts from Georgia Construction Industry Licensing Boards' Laws and Rules

**OTHER MATERIALS MAILED TO APPLICANTS:**

**Approximately 45 Days Prior to the Examination**

Letter from the Board notifying the applicant of approval or disapproval to take the examination. If approved, applicant will receive the Candidate Information Bulletin. ***It is the approved applicant's responsibility to submit a scheduling form to the testing service after an approval letter is received.***

**Approximately 2 Weeks Prior to the Examination**

Admission Notices from AMP to scheduled applicants giving the date and location of the examination, as requested on the AMP-GA 40 form. [If you receive an approval letter from the Board, but do not receive an admission notice, contact AMP at (800) 345-6559.]

**Approximately 45 Days After the Examination**

Examination Results. Applicants who failed the exam will receive a new Examination Scheduling Form to apply for another examination date. Applicants who passed the examination will receive their small wall certificate and attached pocket identification card.

**Please read the instructions carefully and be familiar with the laws and rules governing the practice of Utility Contracting in the State of Georgia. Visit the following web site for information:**  
<http://www.sos.ga.gov/plb/construct>.

**\*\* IMPORTANT \*\***

**The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, it must be returned to the board office by the posted deadline in order for the Utility Board to review this application. No exceptions!**  
**Incomplete applications are void after one year and a new form & fee will be required to apply again.**

## Application Checklist

**The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application. Do not submit the checklist with your application! It is for your use only.**

**The \$30.00 non-refundable** application fee payable to **Georgia State Board of Construction** must be included with the application. The application cannot be processed or reviewed without the fee.

**NOTARIZED APPLICATION:** The four-page application must be mailed to the Board's office at the address listed on the front of the application, along with your **FEE, no later than 60 days prior to the next examination date.**

**EXPERIENCE:** All information requested on your employer(s) and details of your work must be complete. If any information is missing, it will be returned to you. Corrected applications must be received by the 60-day deadline. Please check the web page for any updated information regarding experience requirements

### **PERSONAL HISTORY:**

Beginning November 1, 2007, all applications must have a background check attached. This can be obtained at your local law enforcement center.

**Three (3) NOTARIZED REFERENCE LETTER FORMS:** As of **November 1, 2007, all** utility manager applications must have 3 notarized reference forms from the people listed in Part III.

**Applications must be received by the board office 60 days prior to the exam date!** Applications sent deficiency letters, must be received back in the office by the posted deadline. No exceptions.

**Approved applicants are sent a letter of notification and are responsible for submitting the scheduling form to our testing service by their posted deadline with the correct fee.**

**Denied applicants may submit more information by the deadline indicated in their disapproval letter or request an appointment with the board at their next meeting.**

Receipt number \_\_\_\_\_



Applicant No. \_\_\_\_\_

## PART II – EXPERIENCE RECORD

### INSTRUCTIONS:

- Applicants must list at least 2 years of experience installing and supervising the installation of utility systems.
- For each period of employment, list the information requested.
- For each period of employment, indicate if you had experience as a utility manager or foreman supervising the installation, erection, alteration, or repair of utility systems. If you did not have this type of experience, describe your utility experience.
- Give the approximate number of hours per week you performed the duties described.
- **If you have had more than 5 employers, please copy this page as needed and attach behind page 3.**

### SPECIFY WORK RELATING TO UTILITY SYSTEMS DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Name of Employer: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Employer's Complete Address: \_\_\_\_\_

Type of business conducted by employer: \_\_\_\_\_

Employer's utility contractor license number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed FROM [Mo/Yr] \_\_\_\_\_ TO: [Mo/Yr] \_\_\_\_\_

Approximate # of Hours/Week you performed utility work: \_\_\_\_\_

Your duties: (   ) Utility manager or foreman supervising construction, erection, alteration or repair of utility systems.  
**Or** (   ) Other duties, describe: \_\_\_\_\_

Typical depth of utility systems you installed: \_\_\_\_\_ Type of utility systems you installed: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Employer's Complete Address: \_\_\_\_\_

Type of business conducted by employer: \_\_\_\_\_

Employer's utility contractor license number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Job Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed FROM: [Mo/Yr] \_\_\_\_\_ TO: [Mo/Yr] \_\_\_\_\_

Approximate # of Hours/Week you performed utility work: \_\_\_\_\_

Your duties: (   ) Utility manager or foreman supervising construction, erection, alteration or repair of utility systems.  
**Or** (   ) Other duties, describe: \_\_\_\_\_

Typical depth of utility systems you installed: \_\_\_\_\_ Type of utility systems you installed: \_\_\_\_\_

## PART II – EXPERIENCE RECORD, continued

Employer Name:	Phone: (     )
Employer's Complete Address:	
Type of business conducted by employer:	
Employer's utility contractor license number:	
Name of Supervisor:	Job Title of Supervisor:
Your Job Title:	Employed FROM [Mo/Yr] TO: [Mo/Yr]
Approximate # of Hours/Week you performed utility work:	
Your duties: (   ) Utility manager or foreman supervising construction, erection, alteration or repair of utility systems. <b>Or</b> (   ) Other duties, describe:	
Typical depth of utility systems you installed:	Type of utility systems you installed:

Employer Name:	Phone: (     )
Employer's Complete Address:	
Type of business conducted by employer:	
Employer's utility contractor license number:	
Name of Supervisor:	Job Title of Supervisor:
Your Job Title:	Employed FROM: [Mo/Yr] TO: [Mo/Yr]
Approximate # of Hours/Week you performed utility work:	
Your duties: (   ) Utility manager or foreman supervising construction, erection, alteration or repair of utility systems. <b>OR</b> (   )	
Typical depth of utility systems you installed:	Type of utility systems you installed:

Employer Name:	Phone: (     )
Employer's Complete Address:	
Type of business conducted by employer:	
Employer's utility contractor license number:	
Name of Supervisor:	Job Title of Supervisor:
Your Job Title:	Employed FROM [Mo/Yr] TO: [Mo/Yr]
Approximate # of Hours/Week you performed utility work:	
Your duties: (   ) Utility manager or foreman supervising construction, erection, alteration or repair of utility systems. <b>Or</b> (   ) Other duties, describe:	
Typical depth of utility systems you installed:	Type of utility systems you installed:

### PART III – REFERENCES

**INSTRUCTIONS:** List below the names, addresses, and telephone numbers of three (3) persons who have knowledge of your utility experience to whom the Division may refer.

**Attach reference letters from all 3 references listed below using the board approved forms.**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State /Zip Code

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State /Zip Code

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State /Zip Code

### PART IV – PERSONAL HISTORY

Have you ever held a utility license or certificate? No Yes If yes, type of license, license number, and Board that issued: \_\_\_\_\_

Have you ever had a certificate or license revoked, suspended, or otherwise sanctioned by any board or agency, or have you even been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or other state? No Yes If yes, explain: \_\_\_\_\_

Have you: (1) been convicted of a misdemeanor (other than minor traffic violation) within the past five years; (2) ever been convicted of or entered a plea of guilty, nolo contendere, or under "First Offender Act" on a felony. No \_\_\_\_ (Attach background check behind page 4)

Yes \_\_\_\_ If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole. Your application will not be processed until this information is received and reviewed by the Board.

### PART V – CERTIFICATION

*I, the undersigned applicant, certify that the information contained in this application is true to the best of my knowledge. I understand that any forged, false, or fraudulent information contained in this application is grounds for the Division to refuse to issue a license, or to revoke any license issued, based on this application. I authorize the Division to receive any criminal history record concerning me from any state or local criminal justice agency.*

\_\_\_\_\_  
Signature of Applicant Date

Subscribed to and sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public My Commission Expires: \_\_\_\_\_  
NOTARY SEAL



## The Office of Secretary of State

*Karen C. Handel*  
SECRETARY OF STATE

*Donald W. Munday*  
**DIRECTOR**  
**PROFESSIONAL LICENSING BOARDS**

Dear Sir or Madam:

The applicant name on this form is applying for a registration as a Utility Manager in the state of Georgia and has referred to you as having information concerning his/her character and ability. Your evaluation of said applicant is vital to *our* evaluation. The Georgia State Board wishes to point out that statements must be from personal knowledge, and not made for the mere purpose of aiding the applicant. This form has been provided to the applicant for forwarding to you. The Board requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate to him/her the results of your evaluation.

Please fill out all information on the reverse side of this form and have it notarized. The Georgia Board prefers that you mail this form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, Ga. 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

STATE CONSTRUCTION INDUSTRY LICENSING BOARD  
DIVISION OF UTILITY CONTRACTORS

J. Darren Mickler  
Executive Director

Applicant name: \_\_\_\_\_

1. How well do you know the applicant? ( ) very well ( ) well ( ) slightly ( ) not at all

2. List dates (mm/yyyy) of contact with the applicant: from \_\_\_\_\_ to \_\_\_\_\_

3. Do you have personal knowledge of the applicant's work on utility systems (as defined below)  
( ) Yes If yes, complete the entire form.  
( ) No If no, complete only numbers 1, 2, 4, 5 and certification.

**43-14-2 (17) 'Utility system' means:**

**(A) Any system at least five feet underground, when installed or accessed by trenching, open cut, cut and cover, or other similar construction methods which install or access the system from the ground surface, including, but not limited to, gas distribution systems, electrical distribution systems, communication systems, water supply systems, and sanitary sewerage and drainage systems; and**

**(B) Reservoirs and filtration plants, water and waste-water treatment plants, leachate collection and treatment systems associated with landfills, and pump stations, when the system distributes or collects a service, product, or commodity for which a fee or price is paid for said service, product, or commodity or for the disposal of said service, product, or commodity.**

4. What was/is your relationship with the applicant? \_\_\_\_\_

5. What is your opinion of the applicant's personal integrity and reputation: \_\_\_\_\_  
\_\_\_\_\_

6. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility:  
( ) qualified ( ) additional experience needed ( ) Unqualified

7. REMARKS: The Board would appreciate any additional or amplifying information regarding the applicant's utility experience, capabilities or limitations, if any: \_\_\_\_\_  
\_\_\_\_\_

8. Based on the definition of the practice of utility, do you recommend the applicant for utility manager licensure? ( ) yes ( ) no

**43-14-2**

**(13) 'Utility contracting' means undertaking to construct, erect, alter, or repair or have constructed, erected, altered, or repaired any utility system.**

I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Print name \_\_\_\_\_ Utility License No. \_\_\_\_\_ Issuing State \_\_\_\_\_

Present Position \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Ph. # ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Notary – Seal & Date Commission Expires





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Signature & Date

\_\_\_\_\_  
Notary – Seal & Date Commission Expires